

Debt Management Complaint Form

My Name		Name of DEBT MANAGEMENT COMPANY this complaint is about	
Address		Company Address	
City State Zip		City State Zip	
Home phone number ()	Work phone number ()	Company phone number ()	
Name of the person or persons you dealt with at the Debt Management Company			

Have you hired an attorney to represent you in this matter? ☐ Yes ☐ NoHave you filed a lawsuit in this matter? ☐ Yes ☐ No

Details of my complaint: _____

Please list events in the order they happened. Attach additional pages if needed. If possible, please use letter size paper (8 1/2 x 11") for all attachments.

Reviewing documents often helps us understand important details of your complaint.

Please attach copies of your debt management contract, letters or other documents that will help us review your complaint.

**Always send copies.
Never send original documents.**

Please mail your complaint to:

Consumer Services**PO Box 30220****Lansing MI 48909-7720****Or fax to: (517) 241-3991****Or Email to: ofis-ins-info@michigan.gov**

I authorize the release of any information regarding this complaint to help the Office of Financial and Insurance Services with their review. A copy of this complaint and related documents may be sent to any company, agency or licensee involved in this matter.

Signature

Date signed

**Michigan Department of Labor & Economic Growth**

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIS online at: www.michigan.gov/ofis

Phone OFIS toll-free at: 1-877-999-6442